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30608 7590 04/20/2004

SAMUEL SHIBER
 365 KEARNEY CR
 MANCHESTER, NH 03104



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SAMUEL SHIBER	(Depositor's name)
<i>[Signature]</i>	(Signature)
4/29/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,465	03/01/2002	Samuel Shiber	CTHI	2353

TITLE OF INVENTION: THROMBECTOMY CATHETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	07/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUI, VY Q	3731	606-159000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. SAMUEL SHIBER
 2.
 3.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☒ Issue Fee
- ☐ Publication Fee
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\$965

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4/28/04

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5/04/2004 HGUTEMA2 00000123 192040 10086465

1 FC:2501
 2 FC:1504
 3 FC:8001

665.00 OP
 300.00 OP
 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of: Samuel Shiber
Application Number: 10/086,465
Filing Date: 03/01/2002
Title: Thrombectomy Catheter
Group Art Unit: 3763
My Docket Number: Cthl

April 28, 2004

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ISSUE FEE TRANSFER LETTER AND REMARKS

I confirm my continuing status of an independent inventor and I enclose my check #3062 for \$965 to cover the Small Entity Issue Fee and the Publication Fee.

Please charge additional fees (such as for copies of patents) to my deposit account 19-2040.

Respectfully,

Samuel Shiber, 365 Kearney Cr., Manchester, NH 03104
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